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# **IMPROVING PRACTICE IN HOUSING FOR DRUG USERS**

## **A PARTNERSHIP PROJECT**

**AUGUST 2008**

## **Improving Practice in Housing for Drug Users**

### **Executive Summary**

#### **Introduction**

The Home Office Drug Interventions Programme (DIP), Communities and Local Government (CLG), the Ministry of Justice National Offender Management Service (NOMS), the Housing Corporation, the Department of Health's (DH) Care Services Improvement Partnership (CSIP) and the National Treatment Agency (NTA) for Substance Misuse have identified the need to consider the issue of housing and related support services (described later) for drug users. They have worked with a national stakeholder group from both housing and drug fields to identify practice and solutions which may inform the prevention of homelessness amongst drug users.

This Paper has been written to support the development, planning and delivery of housing and housing support services for drug users. It builds on recent practice findings and work undertaken by the Audit Commission (2004<sup>1</sup>/2006<sup>2</sup>), Homeless Link (2007<sup>3</sup>), Shelter (2006<sup>4</sup>), CSIP (2007<sup>5</sup>) and Addaction (2006<sup>6</sup>), and takes account of provisions such as The Respect Standard for Housing Management (2006<sup>7</sup>). The Paper does not seek to duplicate findings and information already shared.

The findings presented in this Paper suggest that housing<sup>8</sup> and related support services for drug users can contribute to improving outcomes on crosscutting areas such as preventing homelessness, reducing evictions and abandonments, increasing engagement and retention in drug treatment, improving health and social well being, reducing re-offending, acquisitive crime and the causes and effects of anti-social behaviour.

#### **Who is this Paper for?**

This Paper is primarily aimed at those involved in commissioning, planning and delivering:

- housing;
- housing services;
- related residential rehabilitation; and
- support services for drug users.

It will also be of interest to anyone who comes into contact with drug users with related housing needs through:

- the criminal justice system;
- health and social care (hospital and community based services); and
- work with vulnerable groups.

#### **Structure and Content**

The focal point of this Paper is a selection of 13 case studies which offer examples of how service users, providers and partnerships in housing, drugs and mental health, have worked together to find sustainable and successful housing solutions for drug users across all types of housing. Housing in this context is taken to include a range of options

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including social housing, the private rented sector, homeownership including low cost home ownership and supported housing. For consistency this understanding of 'housing' has been applied in all sections of the Paper.

Findings and solutions described in the Paper highlight the importance of a comprehensive and integrated approach to planning, commissioning and delivering housing and related support services for drug users.

It is recognised that the term 'support' can cover a wide range of services, In recognition of the complexity of drug users' needs and required responses, the term support has been used in this Paper as follows:

- 'Housing related support ': This term is used to describe the services which help develop and sustain an individual's capacity to live independently in their accommodation. These can include life skills training, tenancy management training, budgeting, managing debt, cooking, getting information, paying bills, etc.
- 'Housing and support': This term refers to the range of additional support needs including managing drug use, improving physical and mental health, developing life skills, rebuilding relationships with families and friends, working with mentors.

These services can take place in a range of accommodation, including hostels, general needs and other types of tenure, and can include a range of forms of provision, for example, key working, floating support or signposting to other services.

In the instances where we mean services of both types, we refer to them as 'housing and related support'.

This Paper does not set out to fully describe practice and solutions which meet the whole range of support needs - including those relating to alcohol that problem substance misusers may have. Though, the role of harmful and hazardous drinking is acknowledged.

Whilst much of the learning and solutions highlighted in this Paper focus on housing for drug users, they may also be applied and adapted to working with other vulnerable groups, including problem drinkers or people with mental health issues. The learning may also inform services for offenders, notably through the National Offender Management Service Accommodation Pathway.

### Key Messages

- **Housing and related support** have been identified as key success factors in helping to reduce crime, promote sustainable communities, enhance tenancy sustainment and meet drug treatment targets. In particular, those leaving drug treatment or custody without their housing need being assessed and met are more likely to relapse, re-offend and fail their tenancy.
- Individual agencies cannot work in isolation as **one approach will not fit all**. Joined up working and inclusion of service users are the cornerstones of solutions.

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- Vulnerable groups, including drug users, are already in all types of housing and may present with complex issues. A range of **flexible responses and options** are therefore required to support service users in addressing and managing their changing needs. These may include help with managing their drug and/or alcohol use, dealing with mental health issues, managing debt and/or rent arrears, developing life skills and helping rebuild relationships with families and friends.
- Delivery of housing and related support services for drug users at different stages of change and recovery in their lives presents a number of key challenges. These include :
  - understanding varying and complex needs,
  - recognition that 'needs' will change as circumstances change
  - flexibility of housing and related support services to be responsive
  - establishment of links and access to provision, services and support with health, skills development, local social networks, etc
- These complex and **crosscutting issues need a range of crosscutting responses** such as better integration between the local commissioning of drug, alcohol, housing and mental health services, through to improved involvement of service users and joint working between providers. These are all steps towards providing solutions.
- The findings from the case studies have all highlighted that housing providers who are able to manage and control drug issues in their accommodation within the context of relevant legislation can:
  - help with establishing and managing a safe environment
  - create opportunities for service users to take control over their lifestyle
  - enable access and/or sustain engagement with drug services and other support
  - reduce rates of eviction due to anti-social behaviour and rent arrears
  - create the positive environment for workers and service users to plan ahead
- Making the case of joint working on housing for drug users, where it is not already in place, can occur from a number of different starting points. **Common drivers** such as local champions, needs led assessment, identifying need through a service user focus as well as local structures and delivery groups can all spark changes in the way housing and support services are planned and delivered. This is in addition to national, regional and local strategies which can promote change.
- Currently there is no common structure which brings housing and drugs together at a local level to meet the varying and complex needs of drug users. It has remained for local areas to decide how they address this, for example through adoption or adaptation of existing partnerships. The critical issue here is the recognition that **housing for drug users falls within a range of services and agencies** responsible for planning, commissioning and service delivery. All of

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these play a crucial part in embedding housing and related support for drug users within their respective plans.

- Building a full picture of need and development of workable solutions can only really be achieved through **working in partnership**. The joined-up approaches involve partners with strategic responsibilities for preventing homelessness, delivering the drug strategy, reducing re-offending and crime, and improving health and well being alongside service users and providers working towards common priorities and outcomes.
- The most positive outcomes are achieved when the service provision is underpinned by **flexibility to respond to individual needs**. For example, operational policies and procedures that are flexible and responsive can contribute to lower numbers of evictions and abandonments, as well as improved engagement of service users in drug services. They can also help to more effectively managed risk.
- **Service user involvement** in assessing changing needs, and how they may be met within existing resources, has added value to the providers' planning and delivery through insight into peoples' experiences.
- A **consistent approach** to assessment, planning, commissioning, delivery and monitoring of outcomes is essential to ensure comprehensive and integrated service delivery.
- Building links and access to a broader range of support provision helped transition towards independent living.
- **Joined-up approaches** can contribute significantly to ensuring that the service users receive the right levels of support. It is also of key importance to improving outcomes relating to prevention of homelessness, increasing engagement and retention in drug treatment, improving health and social well being (e.g. improvements in physical and mental health), reducing re-offending, acquisitive crime, and anti-social behaviour, reducing health inequalities and increasing access to development of life skills, training and steps towards employability. More specifically, the joined-up approach brings significant and measurable benefits to service users and providers, some of which are listed as follows:

The role of housing providers is important in:

- planning for the management of drug issues in their accommodation which will help with creating a safe environment for all, and also assist with bringing drug users into treatment thus reducing rates of eviction due to anti-social behaviour and rent arrears
- considering provision of move-on accommodation for those leaving structured drug treatment such as in-patient and/or residential rehabilitation provision
- providing accommodation for drug users not in need of drug treatment

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The role of drug services is important in housing by:

- providing support services that can help drug users maintain their housing and minimise harm to others
- helping drug users to address their substance misuse to help them move on from specialist accommodation to other types of housing
- supporting drug users to sustain their housing in order to help them continue to address their substance misuse issues

The role of commissioners is important in:

- improving joint working and partnerships to meet particular performance requirements and/or shared outcomes
- understanding better the housing market and the delivery of support and/or care
- making best use of limited resources and/or links to wider strategic objectives

The case studies provide a range of learning to share. To help set this learning and the findings in context, the following 'building blocks' emerged which help to describe the different elements which contribute towards a planned approach involving all relevant stakeholders' housing and related support services for drug users. They include:

- Drivers for change,
- Understanding the complexity of need,
- Effective strategic planning and commissioning and responsive service delivery, and
- Improved service user involvement.

The Paper is divided into 12 Sections, which can be read and downloaded as separate papers. It is recommended that Section 1 Introduction is read as a minimum alongside the other sections as it helps set the scene and clarifies some of the terms used. Section 2 describes in more detail the building blocks and key principles which can contribute towards a planned and integrated approach. Sections 3 and 4 focus on key findings and provide descriptions of each of the case studies. To improve understanding of the context in which the case studies have been delivered, the Paper also gives an overview of supporting information including relevant national strategies, regional and local delivery structures, information and data sources. The Paper is a living document and all sections will be available on the [www.drugs.homeoffice.gov.uk](http://www.drugs.homeoffice.gov.uk) website. As information becomes available, relevant sections will be reviewed and updated.

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<sup>1</sup> Audit Commission Drug Misuse 2004: Reducing the local impact, Audit Commission (2004)

<sup>2</sup> Audit Commission: Key Learning on Estate management, Audit Commission (2006)

<sup>3</sup> Homeless Link Clean Break – Development of Integrated housing and care pathways for drug users – Research Report (Homeless Link) 2007

<sup>4</sup> Shelter Safe as Houses: An Inclusive Approach for Housing Drug Users, Steve McKeown (2006) Shelter

<sup>5</sup> Care Services Improvement Partnership (CSIP) What's the Score? Housing Learning and Improvement Network, CSIP (2007)

<sup>6</sup> Addaction Aftercare Three Years On Mark Stephenson, Addaction (2006)

<sup>7</sup> The Respect Standard for Housing Management, Home Office/Communities and Local Government (2006)

<sup>8</sup> Housing – the term housing in this Paper is taken to include a range of options, including social housing, the private rented sector, home ownership including low cost home ownership and supported housing.

The views expressed in this Practice Paper are those of the authors not necessarily those of the Home Office (nor do they reflect government policy)